





THURSDAY, February 13, 2014 7:00 a.m. to 8:30 a.m. Cannon Health Building Room 125

MINUTES

Board Members Present:

Tony Dalpiaz, PharmD.

George Hamblin, PharmD

Mr. Kumar Shah

Michael Symond, M.D.

Jennifer Brinton, MD

Jay Aldus, DDS

Kyle Jones, M.D.

Keith Tolman, M.D.

Board Members Excused:

Mark Balk, PharmD. Susan Siegfreid, M.D.

Dept. of Health/Div. of Health Care Financing Staff Present:

Robyn Seely, PharmD.

Trevor Smith C.Ph.T.

Merelynn Berrett, R.N.

Lisa V Hunt, R.Ph.

Heather Santacruz, R.N.

Richard Sorenson, R.N.

Other Individuals Present:

Lori Howarth, Bayer

Bryan Larson, UofU
Scott Larson, BMS
Brody McKelley, AG Office
Kyle Linhardt, Upshire-Smith
Melissa Archer, UofU
Kim Eggerct, Gilead
Anne Marie Licos, MedImmune
Chad Burnham, Select Health

Mark Duddy, Genentech

Meeting conducted by: Tony Dalpiaz, Pharm.D.

- 1. **Welcome** Tony Dalpiaz opened the meeting.
- 2. **Housekeeping** Robyn Seely announced that there will be no petitions following the meeting, and reminded everyone to signin.
- 3. **P&T Committee report** Lisa Hunt addressed the board she reported that the P&T committee will be reviewing short acting opioid agents at their next meeting. She also reported that a new PDL is being drafted to reflect 2014 changes.
- 4. **Approval of prior meeting minutes** Keith Tolman made a motion to approve the January minutes. Michael Symond seconds the motion. All in favor.
- 5. **Tamiflu/Relenza Review** Bryan Larson presented clinical evidence prepared by the University of Utah Drug Information Center.
- 6. No public comment.

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7. Board Discussion

- a. Robyn Seely reported that on January 17th, Utah Medicaid removed the PA criteria from Tamiflu due to severe outbreaks in the State, primarily in the southern part of the State. She also provided the criteria that was in place prior to the removal. She wants input from the DUR board about Tamiflu criteria
- b. Jennifer Brinton said that Tamiflu is only effective if taken immediately upon a flu diagnosis. She said with a PA restriction, sometimes by the time the patient gets the drug, the best time for treatment has passed.
- c. Lisa Hunt reminded the board about the 72 hour emergency rule, and with use of the rapid flu test, patients should not be affected by
- d. Keith Tolman said that education is more important than a PA, since many people mistaken other colds, as the flu.
- e. Michael Symond said that many hospitals and clinics require use of the long time flu test. He said that only recently has medical centers allowed the quick acting tests. This delays they time that a patient can receive the medication.
- f. Richard Sorenson relayed information about how long the turnaround time is for influenza prior authorization. The main holdup is when the prescriber does not meet the criteria, or supply the influenza test data.
- g. Kyle Jones said that the quick acting test has a low reliability. He said that the flu symptoms are very characteristic and a skilled physician should be able to make a clinical diagnosis without a rapid test.
- h. Michael Symond said that if you look at the number of flu cases and the date when a PA is removed, the flu outbreak has already peaked. He also said that it is important to look at the trends of flu outbreaks in advance, so the action can be taken before the outbreak peaks.
- i. George Hamblin said that there is also the cost of treating for prophylaxis. If one family member gets a flu diagnosis, the entire family could be treated as well, if the PA is removed. This could present a large cost to the State.
- j. Jennifer Brinton said that at the hospital she works at, the procedure is to give an anti-influenza medication to every patient who is admitted to the hospital during flu season. She said that keeping the PA on the drug for prophylaxis is justified.
- k. Robyn Seely said that in Europe Tamiflu is currently OTC, where more cases of resist cases have been reported. She also said that the recommended guidelines for which patients should take the medication has been expanded so a large majority of the population is recommended to be treated.
- 1. Robyn Seely asked if the board is recommending keeping the PA on prophylaxis doses and removing the PA on diagnosed cases of influenza.
- m. Keith Tolman asked about education programs for proper use of influenza treatment. Robyn Seely said that the epidemiology department usually performs this action.
- n. Discussion about the best methods for removing the PA based on spikes of influenza reported cases. This would require constant monitoring as influenza spikes can occur anytime between fall and spring.
- o. Kieth Tolman said that education and promotion of flu vaccination is the best way to treat flu outbreaks before they happen.
- p. George Hamblin said that if we can prevent a hospitalization for a few patients

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- through use of a non PA process, Medicaid would save money by avoiding the hopitalizations.
- q. The board said that it would be good to revisit this topic again before next flu season.
- r. The UOFU said that they could look at utilization data and see if there is any overuse during the time the PA status is changed.
- s. Robyn Seely summarized the discussion so far by saying; keep a PA on the prophylaxis and remove the PA on diagnosed cases, bring back the issue in the fall with new data, by October meeting.
- t. Keith Tolman said that he opposes the prophylaxis prior authorization.
- u. Michael Symond said that the prophylaxis cases do not require such a speedy initial dose, so the PA should not impede care.
- v. Keith Tolman made a motion to remove the PA from both diagnosed cases and prophylaxis cases for anti-influenza agents. Additionally the motion asks that this topic be revisited again before the next flu season. Kyle Jones seconds the motion. All in favor.
- 8. **Annual Training -** Brody McKelley, from the Utah State Attorney General's office, presented the Open Meetings Act required annual training.
- 9. Meeting Adjourned.

The next DUR Board meeting is scheduled for Thursday, March 13, Sovaldi and Olysio. Minutes prepared by Trevor Smith.

Recording available upon request, send email to medicaidpharmacy@utah.gov

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